

APPLIES FOR MEDICAID BENEFITS WHILE IN THE NE, PHYSICIAN CERTIFICATION MUST OCCUR PRIOR TO THE AUTHORIZATION OF PAYMENTS. THE FOLLOWING CONDITIONS SHALL BE MET TO CONSIDER THE CERTIFICATION VALID:

- (a) THE CERTIFICATION MUST BE IN WRITING;
- (b) THE CERTIFICATION MUST BE SIGNED AND DATED AT THE SAME TIME BY A PHYSICIAN. A RUBBER STAMP IS NOT ACCEPTABLE. A FAXED OR PHOTOCOPIED COPY OF AN ORIGINAL DOCUMENT CONTAINING THE ORIGINAL SIGNATURE OF THE PHYSICIAN IS AN ACCEPTABLE SUBMISSION FOR LOC REVIEW PURPOSES.
- (ix) IF THE INDIVIDUAL IS REQUIRED TO UNDERGO PAS, A COPY OF THE QDHS 3622 FORM AND, WHERE APPLICABLE IN ACCORDANCE WITH RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE, THE NOTICES OF ALL RESULTS AND COPIES OF ALL ASSESSMENT FORMS, IF AVAILABLE, MUST BE INCLUDED AS ATTACHMENTS TO THE QDHS 3697 OR OTHER QDHS APPROVED FORM.
- (c) THE QDHS 3697, OR ALTERNATIVE FORM AUTHORIZED BY QDHS, MUST BE SUFFICIENTLY COMPLETE FOR A LOC DETERMINATION TO BE MADE.
- (3) ASSESSMENTS. QDHS OR ITS DESIGNEE SHALL CONDUCT A REVIEW OF THE INDIVIDUAL'S CONDITION AND SERVICE NEEDS TO DETERMINE THE LEVEL OF CARE REQUIRED TO MEET THE INDIVIDUAL'S NEEDS, TO DETERMINE WHETHER COMMUNITY BASED CARE IS A VIABLE OPTION FOR THE INDIVIDUAL, AND TO DETERMINE WHETHER THE INDIVIDUAL IS ELIGIBLE FOR NE-PED SERVICES. ASSESSMENTS SHALL:
 - (a) BE PERFORMED BY STAFF OF QDHS OR ITS DESIGNEE WHOSE QUALIFICATIONS INCLUDE BEING A REGISTERED NURSE (RN);
 - (b) BE SCHEDULED AND PERFORMED ACCORDING TO THE FOLLOWING SCHEDULE:

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- (i) FOR HOSPITALIZED INDIVIDUALS, NOT LATER THAN ONE OF THE FOLLOWING:
 - (a) ONE WORKING DAY AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS A WRITTEN REQUEST TO QDHS OR ITS DESIGNEE FOR A NF-PED PRIOR AUTHORIZATION; OR
 - (b) A LATER DATE REQUESTED BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE.
- (ii) IN THE CASE OF AN EMERGENCY, NOT LATER THAN ONE CALENDAR DAY AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS A WRITTEN REQUEST TO QDHS OR ITS DESIGNEE FOR A NF-PED PRIOR AUTHORIZATION. QDHS OR ITS DESIGNEE SHALL DETERMINE WHETHER THERE IS AN EMERGENCY. SUCH DETERMINATIONS SHALL INCLUDE, BUT NOT BE LIMITED TO,, ANY INDIVIDUAL IN A HOSPITAL EMERGENCY ROOM WHO WILL REQUIRE HOSPITALIZATION IF NOT PLACED IN A NF-PED UNIT.
- (iii) IN ALL OTHER CASES, NOT LATER THAN ONE OF THE FOLLOWING:
 - (a) FIVE CALENDAR DAYS AFTER THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS A WRITTEN REQUEST TO QDHS OR ITS DESIGNEE FOR A NF-PED PRIOR AUTHORIZATION; OR
 - (b) A LATER DATE REQUESTED BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE;
- (c) INCLUDE A FACE-TO-FACE VISIT WITH THE INDIVIDUAL AND THE INDIVIDUAL'S PARENTS OR GUARDIAN AND, TO THE EXTENT POSSIBLE, THE INDIVIDUAL'S FORMAL AND INFORMAL CARE GIVERS AND ANY OTHER APPROPRIATE REPRESENTATIVE, TO REVIEW AND DISCUSS THE INDIVIDUAL'S CARE NEEDS AND PREFERENCES, AND TO OBTAIN INFORMATION NECESSARY TO COMPLETE A LEVEL OF CARE DETERMINATION, EVALUATE THE VIABILITY OF COMMUNITY

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BASED CARE, AND TO MAKE THE DETERMINATION OF ELIGIBILITY FOR NF-PED SERVICES;

- (d) INCLUDE THE GATHERING OF INFORMATION, FROM SOURCES OTHER THAN THOSE PRESENT DURING THE FACE-TO-FACE VISIT, FOR THE COMPLETION OF AN ODHS 3697 OR ALTERNATIVE AUTHORIZED FORM (INCLUDING OBTAINING THE CERTIFICATION BY THE PHYSICIAN IDENTIFIED BY THE INDIVIDUAL FOR THAT PURPOSE) AND, IF PAS IS REQUIRED, THE COMPLETION OF AN ODHS 3622 FORM;
- (e) RESULT IN A LEVEL OF CARE DETERMINATION BASED UPON A COMPARISON OF THE INDIVIDUAL'S CONDITION AND SERVICE NEEDS WITH THE LEVEL OF CARE CRITERIA SET FORTH IN RULES 5101:3-3-05, 5101:3-3-06, 5101:3-3-07, AND 5101:3-3-08 OF THE ADMINISTRATIVE CODE;
 - (i) IF ODHS OR ITS DESIGNEE ATTEMPTS TO COMPLETE THE ODHS 3697, OR AN ALTERNATIVE AUTHORIZED FORM, BUT IS UNABLE TO OBTAIN ALL OF THE NECESSARY INFORMATION, ODHS OR ITS DESIGNEE SHALL NOTIFY IN WRITING THE INDIVIDUAL, THE CONTACT PERSON INDICATED ON THE ODHS 3697 OR ALTERNATIVE AUTHORIZED FORM, THE INDIVIDUAL'S REPRESENTATIVE, AND THE NF OR OTHER ENTITY RESPONSIBLE FOR THE SUBMISSION OF THAT LOC REQUEST, THAT ADDITIONAL DOCUMENTATION IS NECESSARY IN ORDER TO COMPLETE THE LOC REVIEW. THIS NOTICE SHALL SPECIFY THE ADDITIONAL DOCUMENTATION THAT IS NEEDED AND SHALL INDICATE THAT THE INDIVIDUAL OR ANOTHER ENTITY HAS TWENTY DAYS FROM THE DATE ODHS OR ITS DESIGNEE MAILES THE NOTICE TO SUBMIT ADDITIONAL DOCUMENTATION OR THE APPLICATION WILL BE DENIED FOR INCOMPLETENESS WITH NO LOC AUTHORIZED, AND NO PRIOR AUTHORIZATION FOR NF-PED SERVICES ISSUED. IN THE EVENT AN INDIVIDUAL OR OTHER ENTITY IS NOT ABLE TO PROVIDE THE NECESSARY INFORMATION IN THE TIME SPECIFIED, ODHS OR ITS DESIGNEE SHALL, UPON GOOD CAUSE, GRANT ONE EXTENSION OF NO MORE THAN FIVE WORKING DAYS

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WHEN AN EXTENSION IS REQUESTED BY THE INDIVIDUAL OR OTHER ENTITY.

- (ii) IF WITHIN THE PERIODS SPECIFIED IN PARAGRAPH (C)(3)(e)(i) OF THIS RULE, THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE SUBMITS THE REQUIRED DOCUMENTATION, ODHS OR ITS DESIGNEE SHALL ISSUE A LOC DETERMINATION NO LATER THAN ONE WORKING DAY FOLLOWING RECEIPT OF THE REQUIRED INFORMATION;
- (f) RESULT IN A DETERMINATION OF WHETHER COMMUNITY BASED CARE IS A VIABLE OPTION FOR THE INDIVIDUAL; AND, IF SO, INCLUDE THE DEVELOPMENT OF A PLAN, IN CONSULTATION WITH THE INDIVIDUAL AND THE INDIVIDUAL'S REPRESENTATIVE, TO ALLOW THE INDIVIDUAL AND THE INDIVIDUAL'S REPRESENTATIVE TO MAKE AN INFORMED DECISION FROM AVAILABLE HOME AND COMMUNITY-BASED SERVICE ALTERNATIVES. IF THE PLAN IS ACCEPTED BY THE INDIVIDUAL, AND/OR, WHERE APPLICABLE, THE INDIVIDUAL'S REPRESENTATIVE, ODHS OR ITS DESIGNEE SHALL IMPLEMENT THE PLAN NOT LATER THAN ONE WORKING DAY AFTER THE PLAN IS AGREED TO UNLESS THE INDIVIDUAL'S HEALTH AND SAFETY WILL NOT BE JEOPARDIZED BY, AND THE INDIVIDUAL, AND/OR THE INDIVIDUAL'S REPRESENTATIVE, AGREES TO, A LATER IMPLEMENTATION DATE;
- (g) RESULT IN AN ELIGIBILITY DETERMINATION FOR NF-PED SERVICES BASED UPON A COMPARISON OF THE INDIVIDUAL'S CONDITION, SERVICE NEEDS, AND THE REQUESTED PLACEMENT SITE, WITH THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE; AND
- (h) IN THE EVENT THAT THE ASSESSMENT REVEALS EVIDENCE THAT NOT ALL OF THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE ARE MET, INCLUDE THE PREPARATION OF A WRITTEN REPORT OF THE FINDINGS OF THE FACE-TO-FACE VISIT. IN SUCH CASES, STAFF OF ODHS OR ITS DESIGNEE WHO ARE FAMILIAR WITH THE NF-PED SERVICES PROGRAM REQUIREMENTS, OTHER THAN THE NURSE WHO CONDUCTED THE FACE-TO-FACE VISIT, SHALL MAKE A

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FINAL ELIGIBILITY DETERMINATION BASED UPON ALL OF THE
AVAILABLE MATERIALS.

(4) ELIGIBILITY CRITERIA. IN ORDER TO RECEIVE PRIOR AUTHORIZATION
FOR MEDICAID PAYMENT OF NE-PED SERVICES, ALL OF THE
FOLLOWING CRITERIA MUST BE MET:

(a) THE INDIVIDUAL WHO WILL RECEIVE THE SERVICES MUST:

(i) HAVE BEEN DETERMINED BY THE COUNTY DEPARTMENT
OF HUMAN SERVICES (CDHS) TO MEET THE MEDICAID
FINANCIAL ELIGIBILITY STANDARDS FOR INSTITUTIONAL
CARE;

(ii) IF PAS WAS REQUIRED, HAVE RECEIVED ONE OF THE
FOLLOWING DETERMINATIONS IN ACCORDANCE WITH
RULE 5101:3-3-151 OF THE ADMINISTRATIVE CODE:

(a) THAT THE INDIVIDUAL DOES NOT HAVE
INDICATIONS OF EITHER SERIOUS MENTAL
ILLNESS, OR MENTAL RETARDATION OR OTHER
DEVELOPMENTAL DISABILITIES AND WAS NOT
SUBJECT TO FURTHER PAS REVIEW; OR, IF THE
INDIVIDUAL WAS SUBJECT TO FURTHER REVIEW,

(b) THAT THE INDIVIDUAL NEEDS THE LEVEL OF
SERVICES PROVIDED BY A NE;

(iii) BE DETERMINED TO NEED AT LEAST A SKILLED LEVEL OF
CARE AS DEFINED IN RULE 5101:3-3-05 OF THE
ADMINISTRATIVE CODE;

(iv) BE UNDER TWENTY-TWO YEARS OF AGE;

(v) BE EITHER AN INPATIENT IN AN ACUTE CARE HOSPITAL
AT THE TIME OF APPLICATION, OR AT RISK OF BEING
HOSPITALIZED IF NOT PLACED IN A NE-PED UNIT, FOR
THE TREATMENT OF AN UNSTABLE (AS DEFINED IN
PARAGRAPH (B)(2) OF RULE 5101:3-3-05 OF THE
ADMINISTRATIVE CODE) OR LIFE-THREATENING,
MEDICALLY COMPLEX CONDITION, AND HAVE NEEDS

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THAT CANNOT BE MET BY AVAILABLE SERVICES IN A
NONINSTITUTIONAL SETTING;

- (vi) REQUIRE PHYSICIAN SERVICES AT LEAST WEEKLY; AND
 - (vii) REQUIRE THE EXTENSIVE MONITORING, PROFESSIONAL ASSESSMENT AND SKILLED INTERVENTION OF A REGISTERED NURSE (RN) ON A TWENTY-FOUR-HOUR A DAY BASIS; AND
- (b) THE PLACEMENT SETTING FOR WHICH MEDICAID PAYMENT IS BEING REQUESTED MUST BE A MEDICAID-CERTIFIED NF THAT HAS A "NF-PED SERVICES PROVIDER AGREEMENT" (ODHS 3621) IN EFFECT WITH ODHS.
- (5) INITIAL LENGTH OF STAY. AT THE CONCLUSION OF THE ASSESSMENT, OR AT SUCH TIME AS THE INITIAL APPLICATION REQUIREMENTS HAVE BEEN MET, INDIVIDUALS WHO ARE DETERMINED TO HAVE MET THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE MAY BE APPROVED FOR AN INITIAL STAY OF UP TO A MAXIMUM OF ONE HUNDRED TWENTY DAYS. THE NUMBER OF DAYS THAT IS PRIOR AUTHORIZED FOR EACH ELIGIBLE INDIVIDUAL SHALL BE BASED UPON THE SUBMITTED APPLICATION MATERIALS, CONSULTATION WITH THE INDIVIDUAL'S ATTENDING PHYSICIAN, AND/OR ANY ADDITIONAL CONSULTATIONS OR MATERIALS REQUIRED BY THE ASSESSOR TO MAKE A REASONABLE ESTIMATION REGARDING THE INDIVIDUAL'S PROBABLE LENGTH OF STAY IN THE NF-PED UNIT.
- (D) AUTHORIZATION FOR CONTINUED STAYS. PLACEMENTS IN FACILITIES HOLDING "NF-PED SERVICES PROVIDER AGREEMENTS" ARE NOT INTENDED TO BE PERMANENT. THE INDIVIDUAL IS EXPECTED TO BE DISCHARGED TO THE SETTING SPECIFIED IN THE INDIVIDUAL'S DISCHARGE PLAN AT THE END OF THE PRIOR AUTHORIZED STAY, AND PROGRESS TOWARD THAT END SHALL BE MONITORED BY ODHS OR ITS DESIGNEE THROUGHOUT THE INDIVIDUAL'S NF-PED UNIT STAY. HOWEVER, IN THE EVENT THAT IT IS NOT POSSIBLE TO IMPLEMENT THE INDIVIDUAL'S DISCHARGE PLAN, COVERAGE OF NF-PED SERVICES MAY BE EXTENDED BEYOND THE PREVIOUSLY APPROVED LENGTH OF STAY VIA THE SUBMISSION TO ODHS OR ITS DESIGNEE OF A WRITTEN REQUEST FOR THE CONTINUATION OF NF-PED SERVICES BY THE INDIVIDUAL OR THE INDIVIDUAL'S REPRESENTATIVE.

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UNLESS THERE IS A SIGNIFICANT CHANGE OF CIRCUMSTANCES WITHIN THE WEEK PRECEDING THE EXPECTED DISCHARGE DATE WHICH PREVENTS IMPLEMENTATION OF THE DISCHARGE PLAN, SUCH REQUESTS MUST BE SUBMITTED AT LEAST ONE WEEK PRIOR TO THE LAST DAY OF THE PREVIOUSLY AUTHORIZED STAY.

- (1) CONTINUED STAY DETERMINATIONS SHALL BE BASED ON EITHER MONTHLY REPORTS FROM THE FACILITY REGARDING CRITICAL EVENTS AND THE STATUS OF THE INDIVIDUAL'S MEDICAL CONDITION, OR ON FACE-TO-FACE ASSESSMENTS. CONTINUED STAY REVIEWS MUST MEET THE ASSESSMENT REQUIREMENTS SET FORTH IN PARAGRAPHS (C)(3)(a), (C)(3)(b)(iii), (C)(3)(e), AND (C)(3)(f) TO (C)(3)(h) OF THIS RULE.
 - (2) CONTINUED STAYS MAY BE APPROVED FOR MAXIMUM INCREMENTS OF ONE HUNDRED TWENTY DAYS WHEN ODHS OR ITS DESIGNEE DETERMINES THAT THE INDIVIDUAL CONTINUES TO MEET THE ELIGIBILITY CRITERIA SET FORTH IN PARAGRAPH (C)(4) OF THIS RULE AND THAT THE INDIVIDUAL WOULD HAVE TO BE PLACED IN AN ACUTE CARE HOSPITAL IN THE ABSENCE OF NE-PED SERVICES.
- (E) NOTICE OF DETERMINATION. AT THE CONCLUSION OF EVERY ASSESSMENT, AND AT A TIME NOT LATER THAN THE TIME THE ASSESSMENT IS REQUIRED TO BE PERFORMED ACCORDING TO PARAGRAPH (C)(3)(b) OF THIS RULE, THE DEPARTMENT OR ITS DESIGNEE SHALL ISSUE A DETERMINATION OF THE INDIVIDUAL'S APPROPRIATE LEVEL OF CARE AND PROVIDE THE INDIVIDUAL WRITTEN NOTICE OF ALL OF THE DETERMINATIONS MADE, AND THE INDIVIDUAL'S STATE HEARING RIGHTS, IN ACCORDANCE WITH CHAPTER 5101:6-2 OF THE ADMINISTRATIVE CODE. NOTICE SHALL ALSO BE PROVIDED TO THE INDIVIDUAL'S REPRESENTATIVE, IF ANY. IF THE INDIVIDUAL HAS BEEN DETERMINED TO BE ELIGIBLE FOR NE-PED SERVICES, THE NOTICE SHALL ALSO INCLUDE THE NUMBER OF DAYS FOR WHICH THE NE-PED PLACEMENT IS AUTHORIZED; THE DATE ON WHICH PAYMENT IS AUTHORIZED TO BEGIN; AND THE NAME, LOCATION, AND PHONE NUMBER OF THE STAFF MEMBER OF ODHS OR ITS DESIGNEE WHO IS ASSIGNED TO MONITOR THE INDIVIDUAL'S PROGRESS IN THE FACILITY, PARTICIPATE IN THE INDIVIDUAL'S INTERDISCIPLINARY TEAM, AND MONITOR IMPLEMENTATION OF THE INDIVIDUAL'S DISCHARGE PLAN. IF NE-PED SERVICES ARE DENIED, THE NOTICE SHALL ALSO INCLUDE AN EXPLANATION OF THE REASON FOR THE DENIAL. THE NOTICES SHALL BE SENT VIA MAIL OR ELECTRONIC FACSIMILE (FAX) TO THE INDIVIDUAL, THE

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INDIVIDUAL'S LEGAL GUARDIAN AND/OR REPRESENTATIVE (IF ANY), AND WHERE APPROPRIATE, THE FACILITY.

(F) AUTHORIZATION OF PAYMENT TO AN ELIGIBLE PROVIDER FOR THE PROVISION OF NE-PED SERVICES SHALL CORRESPOND WITH THE EFFECTIVE DATE OF THE INDIVIDUAL'S LOC DETERMINATION AND NE-PED ELIGIBILITY DETERMINATION SPECIFIED BY THE ASSESSOR. THIS DATE SHALL BE:

- (1) THE DATE OF ADMISSION TO THE NE-PED UNIT IF IT IS WITHIN THIRTY DAYS OF THE PHYSICIAN'S SIGNATURE; OR
- (2) A DATE OTHER THAN THAT SPECIFIED IN PARAGRAPH (F)(1) OF THIS RULE. THIS ALTERNATIVE DATE MAY BE AUTHORIZED ONLY UPON RECEIPT OF A LETTER WHICH CONTAINS A CREDIBLE EXPLANATION FOR THE DELAY FROM THE ORIGINATOR OF THE REQUEST FOR THE PRIOR AUTHORIZATION OF NE-PED SERVICES. IF THE REQUEST IS TO BACKDATE THE LOC AND NE-PED ELIGIBILITY DETERMINATION MORE THAN THIRTY DAYS FROM THE PHYSICIAN'S SIGNATURE, THE PHYSICIAN MUST VERIFY THE CONTINUING ACCURACY OF THE INFORMATION AND NEED FOR INPATIENT CARE EITHER BY ADDING A STATEMENT TO THAT EFFECT ON THE ODHS 3697 OR ALTERNATIVE APPROVED FORM, OR BY ATTACHING A SEPARATE LETTER OF EXPLANATION; OR
- (3) IF THE INDIVIDUAL WAS REQUIRED TO UNDERGO PAS AND FAILED TO DO SO PRIOR TO ADMISSION, THE EFFECTIVE DATE OF THE LOC DETERMINATION AND NE-PED ELIGIBILITY DETERMINATION SHALL BE THE LATER OF THE DATE OF THE PAS DETERMINATION THAT THE INDIVIDUAL REQUIRED THE LEVEL OF SERVICES AVAILABLE IN A NE, OR THE DATE ESTABLISHED IN PARAGRAPH (F)(2) OF THIS RULE.

(G) ALL INDIVIDUALS RECEIVING NE-PED SERVICES FROM QUALIFIED PROVIDERS (AS DEFINED IN RULE 5101:3-3-25 OF THE ADMINISTRATIVE CODE) ON THE EFFECTIVE DATE OF THIS RULE SHALL BE ASSESSED TO DETERMINE THEIR ELIGIBILITY FOR A CONTINUED NE-PED STAY. THESE ASSESSMENTS SHALL BE CONDUCTED IN ACCORDANCE WITH THE PROVISIONS OF PARAGRAPHS (D) TO (F) OF THIS RULE, EXCEPT THAT THE FACE-TO-FACE ASSESSMENTS SHALL BE PERFORMED BY BOTH AN RN AND A QUALIFIED MENTAL RETARDATION PROFESSIONAL, OR BY AN RN WHO IS ALSO A QUALIFIED MENTAL RETARDATION PROFESSIONAL; MUST BE COMPLETED NO LATER THAN ONE HUNDRED TWENTY DAYS AFTER THE

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EFFECTIVE DATE OF THIS RULE; AND THE EFFECTIVE DATE OF THE PAYMENT AUTHORIZATION SHALL BE THE DATE ON WHICH THE INDIVIDUAL WAS DETERMINED TO BE ELIGIBLE FOR A CONTINUED NF-PED STAY.

(H) PROVIDER ELIGIBILITY. IN ORDER TO OBTAIN A "NF-PED SERVICES PROVIDER AGREEMENT" AND QUALIFY FOR ENHANCED PAYMENT FOR THE PROVISION OF NF-PED SERVICES, THE PROVIDER MUST MEET ALL OF THE FOLLOWING REQUIREMENTS:

- (1) BE AN OHIO MEDICAID-CERTIFIED NF;
- (2) MEET THE REQUIREMENTS FOR A "LONG-TERM CARE PROVIDER AGREEMENT FOR NURSING FACILITIES" (ODHS 3623) SET FORTH IN RULE 5101:3-3-02 OF THE ADMINISTRATIVE CODE;
- (3) PROVIDE NF-PED SERVICES IN A DISTINCT PART UNIT DEDICATED TO THE PROVISION OF OUTLIER PEDIATRIC CARE;
- (4) THE FACILITY MUST AGREE TO PROVIDE THE FOLLOWING, WITH THE EXCEPTION OF ANY SPECIFIC ITEMS THAT ARE DIRECT BILLED IN ACCORDANCE WITH RULE 5101:3-3-19 OF THE ADMINISTRATIVE CODE, AS NEEDED, TO INDIVIDUALS WHO RECEIVE PRIOR AUTHORIZATION FROM ODHS OR ITS DESIGNEE FOR THE RECEIPT OF NF-PED SERVICES:
 - (a) TWENTY-FOUR-HOUR SKILLED NURSING CARE AND SUCH PERSONAL CARE AS MAY BE REQUIRED FOR THE HEALTH, SAFETY, AND WELL-BEING OF THE INDIVIDUAL;
 - (b) DIETARY SUPPLEMENTS USED FOR ORAL FEEDING, EVEN IF WRITTEN AS A PRESCRIPTION ITEM BY A PHYSICIAN;
 - (c) SERIAL CASTING AND SPLINTING DELIVERED BY LICENSED PERSONNEL;
 - (d) ORTHOTIC SERVICES DELIVERED BY LICENSED PERSONNEL;
 - (e) DIAGNOSTIC RADIOLOGY SERVICES;
 - (f) LABORATORY SERVICES;

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- (g) DENTAL SERVICES;
 - (h) VENTILATOR CARE REQUIRING THE PROFESSIONAL ASSESSMENT OF A REGISTERED NURSE (RN) AND/OR A RESPIRATORY THERAPIST, SUPPLIES AND EQUIPMENT INCLUDING BUT NOT LIMITED TO THE PROVISION OF OXYGEN, REGULAR MONITORING OF BLOOD GASES, AND FREQUENT SUCTIONING;
 - (i) THERAPEUTIC AND TRAINING SERVICES CONSISTENT WITH THE INDIVIDUAL PROGRAM PLAN THAT ORDINARILY WOULD OCCUPY MOST OF THE DAY;
- (5) DEVELOP AND SUBMIT TO ODHS OR ITS DESIGNEE WITHIN FOURTEEN DAYS AFTER EACH NEW ADMISSION, A COMPREHENSIVE, INDIVIDUALIZED PROGRAM PLAN FOR COORDINATED, INTEGRATED SERVICES BY THE INTERDISCIPLINARY TEAM, INCLUDING THE ODHS CASE MANAGER, IN CONJUNCTION WITH THE INDIVIDUAL AND OTHERS CONCERNED WITH THE INDIVIDUAL'S WELFARE. THE PLAN MUST STATE THE SPECIFIC OBJECTIVES NECESSARY TO ADDRESS THE INDIVIDUAL'S NEEDS AS IDENTIFIED BY THE COMPREHENSIVE ASSESSMENT, SPECIFIC TREATMENT MODALITIES, ANTICIPATED TIMEFRAMES FOR THE ACCOMPLISHMENT OF OBJECTIVES, MEASURES TO BE USED TO ASSESS THE EFFECTS OF SERVICES, AND PERSON(S) RESPONSIBLE FOR PLAN IMPLEMENTATION. THE PLAN SHALL BE REVIEWED BY THE APPROPRIATE PROGRAM STAFF AT LEAST MONTHLY AND/OR WITHIN FOURTEEN DAYS OF EACH READMISSION, REVISED AS NECESSARY, AND WHEN REVISIONS ARE MADE, SUBMITTED TO ODHS OR ITS DESIGNEE BY ELECTRONIC FACSIMILE (FAX) WITHIN THREE WORKING DAYS FOLLOWING THE REVISION;
- (6) DEVELOP AND SUBMIT TO ODHS OR ITS DESIGNEE WITHIN FOURTEEN DAYS AFTER ADMISSION, A WRITTEN DISCHARGE PLANNING EVALUATION DEVELOPED BY THE INTERDISCIPLINARY TEAM, INCLUDING THE ODHS CASE MANAGER, IN CONJUNCTION WITH THE INDIVIDUAL AND OTHERS CONCERNED WITH THE INDIVIDUAL'S WELFARE; INCLUDING RECOMMENDATIONS FOR ANY COUNSELING AND TRAINING OF THE INDIVIDUAL AND FAMILY MEMBERS OR INTERESTED PERSONS TO PREPARE THEM FOR POST-DISCHARGE CARE, AN EVALUATION OF THE LIKELY NEED FOR APPROPRIATE

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POST-DISCHARGE SERVICES, THE AVAILABILITY OF THOSE SERVICES, THE PROVIDERS OF THOSE SERVICES, THE PAYMENT SOURCE FOR EACH SERVICE, AND DATES ON WHICH NOTIFICATION OF THE INDIVIDUAL'S NEEDS AND ANTICIPATED TIMEFRAMES WAS OR WOULD BE MADE TO THE PROVIDERS OF THOSE SERVICES;

- (7) WHEN PERIODIC REASSESSMENTS OF THE DISCHARGE PLAN INDICATE THAT THE INDIVIDUAL'S DISCHARGE NEEDS HAVE CHANGED, THE FACILITY SHALL FAX THE RESULTS OF THE REASSESSMENTS AND THE REVISED DISCHARGE PLAN TO ODHS OR ITS DESIGNEE WITHIN THREE WORKING DAYS FOLLOWING THE REVISION;
- (8) THE FACILITY SHALL PREPARE AND PROVIDE TO ODHS OR ITS DESIGNEE A MONTHLY REPORT IN A FORMAT APPROVED BY ODHS THAT SUMMARIZES THE INDIVIDUAL'S PROGRAM PLAN, PROGRESS, CHANGES IN TREATMENT, AND DISCHARGE PLAN, INCLUDING REFERRALS MADE AND ANTICIPATED TIMEFRAMES;
- (9) AGREE TO COOPERATE WITH THE ODHS OVERSIGHT FUNCTION, NOTIFY ODHS OR ITS DESIGNEE AT LEAST ONE WEEK IN ADVANCE OF EACH TEAM MEETING, AND PROVIDE ODHS OR ITS DESIGNEE WITH MINUTES OF THOSE MEETINGS UPON REQUEST;
- (10) AGREE TO ACCEPT, AS PAYMENT IN FULL, THE PER DIEM RATE ESTABLISHED FOR NE-PED SERVICES IN ACCORDANCE WITH RULE 5101:3-3-25 OF THE ADMINISTRATIVE CODE, AND TO MAKE NO ADDITIONAL CHARGE TO THE INDIVIDUAL, ANY MEMBER OF THE INDIVIDUAL'S FAMILY, OR TO ANY OTHER SOURCE FOR COVERED NE-PED SERVICES;
- (11) AGREE TO ACCEPT AN ADJUSTED "STEP-DOWN" RATE NEGOTIATED FOR THE PROVISION OF SERVICES TO ANY INDIVIDUAL WHO HAS BEEN DETERMINED BY ODHS OR ITS DESIGNEE TO NO LONGER REQUIRE NE-PED SERVICES, BUT FOR WHOM NO APPROPRIATE ALTERNATIVE PLACEMENT IS AVAILABLE. THE ADJUSTED RATE SHALL BE EFFECTIVE FROM THE DATE OF THE DETERMINATION UNTIL THE DATE THE INDIVIDUAL IS DISCHARGED TO A MORE APPROPRIATE PLACEMENT.
- (12) AGREE TO MAINTAIN SUCH RECORDS NECESSARY TO FULLY

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DISTINGUISH THE COSTS OF OPERATING THE OUTLIER PEDIATRIC UNIT, TO DISCLOSE THE EXTENT OF SERVICES PROVIDED BY THE OUTLIER PEDIATRIC UNIT, AND TO MAINTAIN ALL INFORMATION REGARDING PAYMENTS CLAIMED BY THE PROVIDER FOR FURNISHING NE-PED SERVICES FOR A PERIOD OF SIX YEARS; OR IF AN AUDIT IS INITIATED WITHIN THE SIX-YEAR PERIOD, UNTIL THE AUDIT IS COMPLETED AND EVERY EXCEPTION RESOLVED.

- (I) PAYMENTS FOR NE-PED SERVICES, INCLUDING ADJUSTED "STEP DOWN" RATES, SHALL BE MADE TO ELIGIBLE PROVIDERS IN ACCORDANCE WITH RULE 5101:3-3-25 OF THE ADMINISTRATIVE CODE.

EFFECTIVE DATE: _____

CERTIFICATION: _____

DATE

PROMULGATED UNDER: Revised Code Chapter 119.

STATUTORY AUTHORITY: Revised Code Sections 5111.02 and 5111.257

RULE AMPLIFIES: Revised Code Sections 5111.01, 5111.02, 5111.20, and 5111.257

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